

POSITION	INITIALS	.D NO.	DATE
FEE DETERMINATION	ET		11-1-99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	R	71531	11-4-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/1/99
2	✓	✓	11/1/99
3	✓	✓	11/1/99
4	✓	✓	11/1/99
5	✓	✓	11/1/99
6	✓	✓	11/1/99
7	✓	✓	11/1/99
8	✓	✓	11/1/99
9	✓	✓	11/1/99
10	✓	✓	11/1/99
11	✓	✓	11/1/99
12	✓	✓	11/1/99
13	✓	✓	11/1/99
14	✓	✓	11/1/99
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32	✓	✓	11/1/99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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